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Bib Data Sheet

CONFIRMATION NO. 8517

<b>SERIAL NUMBER</b> 09/736,223	<b>FILING DATE</b> 12/15/2000 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2176	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Gerard D. Lynch, Newburyport, MA; Chappell Floyd, Malden, MA; Dana Bruce Berenson, Bradford, MA; Andrew Shay Woodard, Raleigh, NC; Richard Joel Castello, Methuen, MA; Marcus Vinicius A. Goncalves, Hopkinton, MA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/29/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 51
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> Lacasse & Associates Randy W. Lacasse, Esq. Suite 806 2001 Jefferson Davis Highway Arlington, VA 22202				
<b>TITLE</b> Virtual access				
<b>FILING FEE RECEIVED</b> 714	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>APPLICANTS</b> Gerard D. Lynch, Newburyport, MA; Chappell Floyd, Malden, MA; Dana Bruce Berenson, Bradford, MA; Andrew Shay Woodard, Raleigh, NC; Richard Joel Castello, Methuen, MA; Marcus Vinicius A. Goncalves, Hopkinton, MA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/192,860 03/29/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/29/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 51	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 34350					
<b>TITLE</b> Virtual access					
<b>FILING FEE RECEIVED</b> 714	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		